DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10017328-1

As a below named inventor, I hereby declare that:

My residence/post of			•		-	
I believe I am the or and joint inventor (if a patent is sought or SYSTEM AND METH	plural nan the inver	nes are liste ntion entitled	d below) o l:	f the subject matter	sted below) or ar which is claimed	original, first and for which
DATA FOR AN INTR				ing		
the specification of v				he following box is c	hecked:	
() was filed on . Number		and v	as US App was amend	lication No. or PCT Ir led on	nternational Appli if applicable)	cation e).
I hereby state that I including the claims, disclose all information	have rev	——— iew ed and ι	understood	the contents of the	above-identified	specification,
Foreign Application(s) and I hereby claim foreign pric inventor(s) certificate liste a filing date before that of	ority benefits d below and	under Title 35 I have also ider	5, United Stantified below	any foreign application for		
COUNTRY		APPLICATION	NUMBER	DATE FILED	PRIORITY CLAIMED UN	IDER 35 U.S C 119
					YES:	NO.
Augusta				<u> </u>	YES:	NO.
Provisional Application I hereby claim the benefit below:	under Title	35, United Sta	tes Code Sec	ction 119(e) of any United	d States provisional a	pplication(s) listed
5 G 6		APPLICATION NUM	1DED	FILING DATE		
		AFFLICATION NON	NIDER	TIERRO DATE		
Commands To the Commands The						
manner provided by the fininformation as defined in application and the nation	al or PCT int	le of Federal Re ernational filing	date of this	application:	rred between the filin	
						
						-
POWER OF ATTORNEY: As a named inventor, I h business in the Patent and Custom	nereby appo i Trademark er Number	Office connect	ng attorney(s ed therewith:) and/or agent(s) to pros Place Customer Number Bar Code Label here	ecute this application	n and transact all
Send Correspondence	to:			Direct Telepho	ne Calls To:	
HEW LETT-PA CKA RD Intellectual Property A		n		L.Joy Grieben	ow	
P.O. Box 272400				(970) 898-38		
Fort Collins, Colorado	80527-240	0		(370) 030-30	04	
I hereby declare that made on information with the knowledge imprisonment, or bo	n and bel e that wi th, under	ief are belie Ilful false s Section 100	ved to be tatements)1 of Title	true; and further tha	at these statemer ade are punisha	nts were made ble by fine o
false statements ma	y jeopardi.	ze the validi	•	18 of the United Stoplication or any pate	ent issued thereo	nat such willfu n.
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false statements ma Full Name of Inventor: Residence:	y jeopardi: lichard L.	Schertz wood Cour		18 of the United St oplication or any pate	ent issued thereo	nat such willfu
false statements mag Full Name of Inventor: Residence:	y jeopardi lichard L.: 117 Pryni	Schertz wood Cour		18 of the United Stoplication or any pate Citizenship: U. North Carolina 2760	ent issued thereo	nat such willfu

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10017328-1

	Full Name of # 2 joint inventor: Craig D. Anderson Citizenship: USA							
	Residence:	rth Carolina 27516						
	Post Office Address	Post Office Address; (same as above)						
	Inventor's Signature	Ander	/O/ Date	124/2001				
	Full Name of # 3 joint inventor:	:		Citizenship:				
	Residence:							
	Post Office Address:							
	Inventor's Signature		Date					
	Full Name of # 4 joint inventor	:	·····	Citizenship:				
	Residence:							
	Residence: Post Office Address:							
IJ	Inventor's Signature		Data	~ 				
	miontor o orginatare		Date					
	Full Name of # 5 joint inventor	;		Citizenship:				
	Residence:							
	Post Office Address:							
	Inventor's Signature		Date					
	Full Name of # 6 joint inventor	·		Citizenship:				
	Residence:							
	Post Office Address:							
	Inventor's Signature		Date					
	Full Name of # 7 joint inventor			Citizenship:				
	Residence:							
	Post Office Address:							
	Inventor's Signature							
	mremer a dignatule		Date					
	Full Name of #8 joint inventor	r.		Citizenship:				
	Residence:							
	Post Office Address:							
	·							
	Inventor's Signature		Date					